

FILED

CLERK

3:29 pm, Jan 13, 2021

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF NEW YORK

U.S. DISTRICT COURT
EASTERN DISTRICT OF NEW YORK
LONG ISLAND OFFICE

Douglas C Palmer
Clerk of Court

Brenna Mahoney
Chief Deputy

Carol McMahon
Chief Deputy



Theodore Roosevelt Federal Courthouse
Emanuel Celler Federal Courthouse
225 Cadman Plaza East
Brooklyn, NY 11201
(718) 613-2270

Alfonse D'Amato Federal Courthouse
100 Federal Plaza
Central Islip, NY 11722
(631) 712-6000
Pro Sec: (631) 712-6060

Date: 1/13/21
Re: 18-CV-5029 (GRB)(ARL)

Dear *pro se* litigant:

The enclosed document is being returned without docketing or consideration for the following reason(s):

- () The docket number and/or judges' initials are incorrect or missing.
- (✓) Your signature is required on all papers filed with the Court. Please sign wherever an "X" appears.
- () These papers appear to be intended for another court or agency.
- () Papers cannot be filed without indicating that they have been served on all parties in your action, or their attorneys. This office *will not* forward copies of your papers to other parties or their counsel. An affirmation of service form is enclosed.
- () Your papers do not meet the minimum requirements for:
 - () Legibility: please type or print clearly.
 - () Language: only English is acceptable.
 - () Form or Content: See forms/instructions enclosed.
 - () Please indicate the documents you served on your affirmation of service.
 - () Other:
- () This Court will only accept papers on 8 1/2 by 11 paper. Note that this does not include exhibits.
- () Pursuant to Local Civil Rule 5.1, discovery materials are not filed with the Court except by Order of the Court.
- () Your Notice of Appeal has been processed, and your case is closed. Your papers should be directed to:

United States Court of Appeals for the Second Circuit
Thurgood Marshall U. S. Courthouse
40 Foley Square, New York, NY 10007

- () Our records indicate that you are represented by an attorney. As such, you may not file papers or communicate directly with the Court. Please refer this matter to your attorney.
- () The Court cannot act on your submission(s). To the extent that it is your intent to start a new action, or to file a motion, please request the appropriate form(s) from our website or from our office.

(✓) Other: Additionally, we have enclosed the packet on how to Amend the Complaint.

By: 
J. Grady, Deputy Clerk

January 8, 2021

United States District Court
Eastern District of New York
100 Federal Plaza
Central Islip, NY 11722

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ JAN 11 2021 ★
LONG ISLAND OFFICE

Attention: Pro-Se Office

Enclosed please find the **AMENDED** Complaint for Employment Discrimination.

Rasha Aref vs. Bay Orthopedics Rehabilitation & Supply

Case no: 2:18-cv-05029-GRB-ARL

A copy was email to: Jackson Lewis, P.C.

Attorneys for Defendants

Kathryn J. Barry, Esq.

Cc: Stacey J. Lococo, Esq.

Ian B. Bogaty, Esq.

Mark S. Mancher, Esq.

Thank you

Regards,

Plaintiff - Pro-Se – Rasha Aref

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK

****AMENDED**

Rasha Aref

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Bay Orthopedics & Rehabilitation Supply
and Carol Mangino

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**Complaint for Employment
Discrimination**

Case No. 2:18-cv-05029-GRB-ARL
(to be filled in by the Clerk's Office)

Jury Trial: ☒ Yes ☐ No
(check one)

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.
★ JAN 11 2021 ★
LONG ISLAND OFFICE

COPY SENT TO: Jackson Lewis, P.C.
Attorneys for Defendants
Kathryn J. Barry, Esq.
Stacey J. Lococo, Esq.
Ian B. Bogaty, Esq.
Mark S. Mancher, Esq.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Rasha Aref
Street Address	10 Fig Place
City and County	BayShore, Suffolk
State and Zip Code	NY 11706
Telephone Number	516-946-8684
E-mail Address	raref777@yahoo.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name	Carol Mangino
Job or Title (if known)	Owner/ VP
Street Address	616 East Jericho Tpke
City and County	Huntington Station, Suffolk
State and Zip Code	NY 11746
Telephone Number	631-271-0825
E-mail Address (if known)	

Defendant No. 2

Name	
Job or Title (if known)	
Street Address	
City and County	

State and Zip Code _____
Telephone Number _____
E-mail Address _____
(if known) _____

C. Place of Employment

The address at which I sought employment or was employed by the defendant(s) is:

Name Bay Orthopedics & Rehabilitation Supply
Street Address 616 East Jericho Tpke
City and County Huntington Station
State and Zip Code NY 11746
Telephone Number _____

II. Basis for Jurisdiction

This action is brought for discrimination in employment pursuant to (*check all that apply*):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)

- ☐ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)

☐ Other federal law (*specify the federal law*):

☐ Relevant state law (*specify, if known*):

☐ Relevant city or county law (*specify, if known*):

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (*check all that apply*):

☐ Failure to hire me.

☒ Termination of my employment.

☐ Failure to promote me.

☐ Failure to accommodate my disability.

☐ Unequal terms and conditions of my employment.

☒ Retaliation.

☒ Other acts (*specify*): Subjected to discriminatory racial remarks/ defamation of character/false accusations

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)

Started 9/2016 through 2/2017

C. I believe that defendant(s) (*check one*):

- ☐ is/are still committing these acts against me.
- ☐ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (*check all that apply and explain*):

- ☒ race Arab
- ☒ color white/brown
- ☐ gender/sex _____
- ☒ religion Muslim
- ☒ national origin Egyptian
- ☐ age. My year of birth is _____. (*Give your year of birth only if you are asserting a claim of age discrimination.*)
- ☐ disability or perceived disability (*specify disability*)

E. The facts of my case are as follows. Attach additional pages if needed.

*Discriminatory racial remarks repeated out loud in office and directly at me (religion/race and mexicans) during debates 2016

*Cut of pay & hours in 8/2016 without prior notice/warning because I wanted to pursue my education; not what was agreed upon

*Subjected to non-working conditions (kitchen/stock room)- took advantage- work F/T with P/T pay - no Holiday pay as others

* Over-time owed for staying late working on hard-l engthy files for scoliosis braces - billing/insurance companies

*Was used/took advantage of, for her benefit, then fired me immediately when finding my replacement with lame excuses and accusations of using office equipment, eating/drinking at desk, when all employees incl. owners/managers aware of and did it as well

*Withholding original documents (performance appraisals), especially on last day to later use & add on/tamper with evidence esp. signatures

*Purposely continued to harass me after termination & pursued to blocked my Unemployment Benefits for up to 9 months

causing delayed payments or withhold of payments - numerous letters written- calls made with more discriminatory racial remarks and false accusations against me & my mother. Proof from Dept. of Labor

*UI hearing 7/17/2017 and 8/15/2017 -lies was said under oath differs from what was written in letters

*Conspiracy done between Carol, her long time secretary Lucille Carr & her sister Angela Pellicio & some staff to write letters against me

(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)

IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

Approx. Jan or Feb. 2018

- B. The Equal Employment Opportunity Commission *(check one)*:

- ☐ has not issued a Notice of Right to Sue letter.
☒ issued a Notice of Right to Sue letter, which I received on *(date)*
June 13, 2018

(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

- ☐ 60 days or more have elapsed.
☐ less than 60 days have elapsed.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

*One year salary owed, approx. \$ 30K - \$35K

*Pay cut difference and reduction of hours difference owed

*Emotional distress during and after employment due to lack of money, while studying for RN, which lead to feelings of being beaten down, despondent, ashamed & depressed all by Carol's actions / faced harassment (incl. to my mother) / subjected to workplace discrimination (race/religion/origin/color)

subjected to non-working conditions / victim of documentation abuse / subjected to defamation of character & slander/ subjected to favoritism in the workplace.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: Sept. 5, 2018

Signature of Plaintiff

Printed Name of Plaintiff Rasha Aref

January 8, 2021

United States District Court
Eastern District of New York
100 Federal Plaza
Central Islip, NY 11722

Attention: Pro-Se Office

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Rasha Aref vs. Bay Orthopedics Rehabilitation & Supply

Case no: 2:18-cv-05029-GRB-ARL

Thank you

Regards,

Plaintiff - Pro-Se – Rasha Aref

From: Tasha Aref
10 Fig Place
Bayshore Ny 11706

FILED

2021 JAN 11 PM 2:26

CLERK
U.S. DISTRICT COURT
E.D.N.Y.

TO: United States District Court
Eastern District of New York

100 Federal Plaza
Central Islip, NY 11722

Attn: Pro-Se office

